

Mandatory Assessments

All youth that are adjudicated delinquent on a public offense, and a predisposition investigation report is ordered, will have a YLS assessment administered. Those who are probated or committed will also receive a CRAFFT screening.

CRAFFT

The CRAFFT is a behavioral health screening tool for use with children under the age of twenty-one (21) and is recommended by the American Academy of Pediatrics' Committee on Substance Abuse for use with adolescents.

It consists of six (6) questions developed to screen adolescents for high risk alcohol and other drug use disorders simultaneously.

It is a short, effective screening tool meant to assess whether an additional interview about the context of use, frequency, and other risks and consequences of alcohol and other drug use is needed.

YLS

The Youth Level of Services (YLS) is a risk and needs assessment tool designed specifically for adolescents and teenagers.

It identifies the youth's individual needs, strengths, barriers, and incentives.

This information is used to determine the most appropriate goals for the individual. Key areas measured include:

- Prior and Current Offenses
- Education
- Substance Abuse
- Personality and Behavior
- Family
- Peers
- Leisure and Recreation
- Attitudes and Orientation

GAIN - Q

If a youth receives a two (2) or higher on his or her CRAFFT Assessment, then a Gain-Q Assessment will be administered.

The Global Appraisal of Individual Needs - Quick (GAIN-Q) instrument is a general assessment used to identify various life problems among adolescents and adults in the general population.

The instrument is used to:

- Identify youth in need of a longer, more detailed assessment
- Identify youth who may benefit from a brief intervention
- Guide staff to make effective referral and placement decisions

Although the GAIN-Q does not provide diagnostic information by itself, it does identify areas in need of further exploration.



MAYSI-2 Assessment

The Massachusetts Youth Screening Instrument-Second Version (MAYSI-2) is a brief screening tool designed to assist juvenile justice facilities in identifying youth, at admission, who might have special mental health needs.



Kentucky Department of Juvenile Justice

Screening and Assessment Tools



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Purpose of Assessments

Screening tools or assessments may be completed by the Department of Juvenile Justice or referred to outside resources.

Below are a variety of areas in which screening tools and assessments may be performed to determine a youth's treatment needs:

- Juvenile Sexual Offender Assessment
- Psychological
- Psychiatric
- Competency
- Chemical Dependency
- Mental Health
- Intellectual Functioning
- Educational
- Substance Abuse
- Emotional Functioning
- Anger Control



CASII Assessment

This is a tool used to determine the appropriate level of care for a child or adolescent with mental health needs.

The CASII helps to match the mental health needs of a youth with the type of care that he or she may require.



The instrument also considers three distinct types of disorders:

- Psychiatric Disorders
- Substance Use Disorders
- Developmental Disorders (including autism and mental retardation)

Scores are combined to generate a level of care recommendation for a youth.

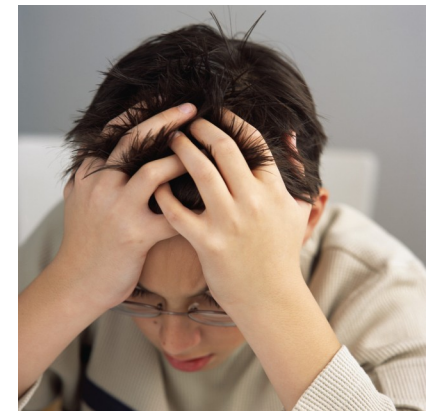
Sex Offender Assessments

Youth that have been adjudicated on a sexual offense will receive a juvenile sexual offender assessment. DJJ uses two instruments as part of the assessment.

J-SOAP-II

The Juvenile Sex Offender Assessment Protocol-II (J-SOAP-II) is a checklist designed to aid in the systematic review of risk factors that have been identified in the professional literature as being associated with sexual and criminal offending.

It is designed to be used with youth in the age range of twelve (12) to eighteen (18) who have been adjudicated or convicted of sexual offenses, as well as non-adjudicated youths with a history of sexually intimidating behavior.



ERASOR

The Estimate of Risk of Adolescent Sexual Offense Recidivism (ERASOR) is a checklist designed to assist evaluators to estimate the short-term risk of sexual re-offense for youth aged twelve (12), up to and including eighteen (18) years of age.